MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01176

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ISAIAH (Last) ANDERSON

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 30/1928

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor B. & O. Road

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gambrills

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James T. Anderson

14. MOTHER'S MAIDEN NAME: Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: James T. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

981X — **Immediate cause** (a) Bullet wound of heart

166 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Tavern

(CITY OR TOWN) (COUNTY) (STATE): Furnace Branch Road, Marley, Anne Arundel, Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-25-50 12:01A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Firearms--brawl in tavern

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE: Emil L Royer (Degree or title): M.D. ADDRESS: 700 Fleet Street DATE SIGNED: 12-25-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: Mar 1/1950 NAME OF CEMETERY OR CREMATORY: Mt Tabor LOCATION (City, town, or county) (State): Chesterfield Ind

DATE REC'D BY LOCAL REG.: Feb 28, 1950 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J. B. Johnson ADDRESS: Annapolis, Md

98853

RECEIVED
MAR 1 1950
BUREAU V. S.

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

011177

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Co. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 74 Southgate

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) A. (Last) Baker
4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1950
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 6-13-1880
9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Alfred Owens Baker
14. MOTHER'S MAIDEN NAME: Charlotte Bruen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Edward Lee Annapolis Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Thrombosis	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis & Myocardial Insufficiency	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1950, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 8.45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George A. Basil M. D. Annapolis Md 3-1-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF 3-2-50 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) (State) Annapolis Md.

DATE REC'D BY LOCAL REG. March 2, 1950 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS John M. Taylor, Son Annapolis Md.

XVX 49

VS. A15

RECEIVED
MAR 3 1950
BUREAU V. S.
RECEIVED
1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01178

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis.
STREET ADDRESS (If rural, give location) Greene St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Baby (Last) Boston
4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		2/3/50	5 days		5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md	USA

13. FATHER'S NAME James G. Boston
14. MOTHER'S MAIDEN NAME Mary Zindorf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
751 Immediate cause	(a) Sepsis	
157a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Emergy Pulmonal, Spina Bifida	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— m.		—

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Hunt M. Christie, M.D.	69 Franklin St.	2/8/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Incineration	Feb. 9, 1950	The Anne Arundel General Hospital, Annapolis, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 9, 1950	[signature]	The Anne Arundel General Hospital, Annapolis Maryland

2-0-2-03-0-22 1-46-6

VS. A15A

RECEIVED
FEB 10 1950
BUREAU V. S.

Dr Rodler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01179

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
STREET ADDRESS (If rural, give location): Rural — Severna Park Post Office

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) B (Last) BAUERLIEN

4. DATE OF DEATH: (Month) 2 - (Day) 25- (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John T. Logsdon

14. MOTHER'S MAIDEN NAME: Laura Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr. J.L. Logsdon Brother Reistertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hx cardiac in suffering	6 weeks
450.0 Antecedent cause(s)		
92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) bronchial asthma	
	(c) gen. osteosclerosis & mitrale	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5th, 19 50, to Feb 25, 19 50, that I last saw the deceased alive on Feb 25th, 19 50, and that death occurred at 10 50 A.M., from the causes and on the date stated above.

SIGNATURE: Edith Rodler — (Degree or title) M.D. — ADDRESS: 42 State Circle Annapolis, Md. — DATE SIGNED: 2-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-27-50 — NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery — LOCATION (City, town, or county) (State): Glen Burnie, Maryland

DATE REC'D BY LOCAL REG.: Feb-27,1950 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01180

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Rundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Anne Rundel COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park Md; STREET ADDRESS (If rural give location) Severna Park Md

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) (Last) Bayer

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Feb 6 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Rogers

14. MOTHER'S MAIDEN NAME: Regina Bollman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Albert S. Hahn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy	2 days
334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830	(b) Hypertention	
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1949, to Feb 6, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE: M K Willoughby (Degree or title): M.D. ADDRESS: Severna Park Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/50	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/50	A.W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01181

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey; LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Key Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
STREET ADDRESS (If rural, give location) 315 Key Avenue

3. NAME OF DECEASED (Type or Print): (First) Annie; (Middle); (Last) Beverly

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct 13, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months 3, Days 25, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Riddle

14. MOTHER'S MAIDEN NAME: Susan Boatswright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Beatrice Beverly 315 Key Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

ICD: 360 / 61

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 47, to Feb 18, 19 50, that I last saw the deceased alive on Feb 18, 19 50, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ronald B Leyshon M.D. ADDRESS 501 Cherry Hill Road DATE SIGNED 2-18-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2-23-1950 | NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 2-23-50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01182

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevideo Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural, give location) Montevideo Road

3. NAME OF DECEASED (Type or Print) (First) Fritts (Middle) Norman (Last) Birmingham

4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb 14/50
9. AGE last birthday yrs. If under 1 year Months. 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Jessup Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William T. Birmingham
14. MOTHER'S MAIDEN NAME Ivy Kathern Pfeiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT Mr. Wm T. Birmingham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

7620 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

161a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1950, to Feb 17 1950 that I last saw the deceased alive on Feb 17, 1950, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr B B Brumbaugh 5609 Main St Elkridge, Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/18/50
NAME OF CEMETERY OR CREMATORY Trinity Cemetery
LOCATION (City, town, or county) (State) Dorsey, Maryland

DATE REC'D BY LOCAL REG. Feb 18 1950
REGISTRAR'S SIGNATURE Clara Cashe Jr
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

1-0-2-14-0-36-6-40-X

RECEIVED
MAR 1 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01183

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport near Annapolis
LENGTH OF STAY (in this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport near Annapolis
STREET ADDRESS (If rural give location) 611 Second Street

3. NAME OF DECEASED (Type or Print) (First) Columbus (Middle) Caro (Last) Brown

4. DATE OF DEATH (Month) 2/ (Day) 21/ (Year) 50 19

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 11/ 1/ 1863

9. AGE last birthday 86 yrs. If under 1 year Months Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Calvert Co. Maryland

12. CITIZEN OF WHAT COUNTRY? ----

13. FATHER'S NAME Joseph Brown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -------

16. SOCIAL SECURITY NO. None

17. INFORMANT Mary B. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1 **Immediate cause** (a) Congestive Cardiac Failure

93e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-49, 19..., to 2-21-50, 19..., that I last saw the deceased alive on 2-20-50, 19..., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. T. Allen M.D. 10 Carroll 2-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 2/ 24/ 1950 | NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery | LOCATION (City, town, or county) (State) West Port, (Baltimore 9

DATE REC'D BY LOCAL REG. Feb. 24, 1950 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Mrs. Charles E. Hicks & Son- 45 Northwest

V08 94

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01184

Reg. Dist. No. .....

1. PLACE OF DEATH:

County A.A. Co.

City or town High Point - Pasadena

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County A.A. Co.

City or town High-Point Pasadena

(If outside city or town limits, write RURAL and give nearest town)

Street No. Longview Road.

(If rural, give LOCATION)

2.(a) If veteran, name war WW-I-

3.(a) FULL NAME John Chayie

3.(b) Social Security Number 216-01-5482

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Ethel M. Chayie

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 28. 1894

8. AGE: Years	Months	Days	If less than one day
55	3	4	— hrs. — min.

9. Birthplace Michigan. (Town, county, and state)

10. Usual occupation Inspector

11. Industry or business General Motors Corp

FATHER 12. Name John B. Chayie

13. Birthplace Mich.

MOTHER 14. Maiden name Mary ?

15. Birthplace Mich.

16. Informant Ethel M. Chayie - Wife

Address Longview Rd. - Pasadena

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 6 - 50 (month) (day) (year)

Cemetery or crematory Balto. Nat. Cem.

Location Balto. Md.

18. Funeral director T. B. Wippert & Son

Address 130 Eutaw Place

19. 2-4- 1950 (Date rec'd by registrar) A. W. Hedrick RW Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1950, at 3:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1943 to Feb. 1 1956 and that I last saw him alive on Jan. 31 1956

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Degenerative Cardio-Vascular Disease	5 years
Due to	
Other conditions Cirrhosis Liver	5 years

420.1
124 b (Include pregnancy within 8 months of death)

Major findings of operations

(5810) Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Brady Smith, M.D. M. D. or other

Address Riviera Beach, Md. Date signed 2/1/50

33284

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey; LENGTH OF STAY (in this place) 75 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey; STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print): (First) John (Middle) L. (Last) Clarke	4. DATE OF DEATH: (Month) February (Day) 9th (Year) 1950
5. SEX Male; 6. COLOR OR RACE White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married; 8. DATE OF BIRTH June 21, 1876; 9. AGE last birthday 73 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith; 10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.; 11. BIRTHPLACE (State or foreign country) Essex Co., Va.; 12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Bertram Clarke	14. MOTHER'S MAIDEN NAME Johanna Cronch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) U.S.; (If year, give war or dates of service); 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Albert J. Clarke, 735 Richmond, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	10 days.
420.1 Antecedent cause(s)	(b) Hypertensive Card.-Vas. Disease	1 yr.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Ns.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20th, 1950, to Feb. 9th, 1950, that I last saw the deceased alive on Feb. 8th, 1950, and that death occurred at 4:00 a. m., from the causes and on the date stated above.

SIGNATURE Frank Shipley (Degree or title) ADDRESS Savage, Md. DATE SIGNED 2/9/50

23. BURIAL, CREMATION, REMOVAL (Specify) Buried	DATE 2/11/50	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town or county) Balto. City,	(State) Md.
DATE REC'D BY LOCAL REG. 2/9/50	REGISTRAR'S SIGNATURE A. W. Bedrick	24. FUNERAL DIRECTOR Wm. J. Tickner	ADDRESS	

302 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01186

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
STREET ADDRESS (If rural, give location) # 4 Second Avenue

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) KATHERINE (Last) COOK

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 50 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 9/7/1912

9. AGE last birthday: 37 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machine operator

10b. KIND OF BUSINESS OR INDUSTRY: Davidson Chem Co.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles J. Cook

14. MOTHER'S MAIDEN NAME: Katherine Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Carcinoma of the rectum & metastases — 15 mo.

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Feb 16, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE: Sidney R. Gelber (Degree or title) M.D. ADDRESS 4700 Pennington Ave. DATE SIGNED 2/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) B | DATE 2/20/50 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. Feb. 19, 1950 | REGISTRAR'S SIGNATURE Ida M. Whitsun | 24. FUNERAL DIRECTOR James L. McElroy | ADDRESS - 130 E. Fort Ave

496 17

RECEIVED
FEB 24 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01187

Reg. Dist. No. 21

1. PLACE OF DEATH · COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. Co General	STREET ADDRESS (If rural give location) 217 Hanover St

3. NAME OF DECEASED (Type or Print) (First) Marie	(Middle) F.	(Last) Costet	4. DATE OF DEATH (Month) 2	(Day) 23	(Year) 1950
5. SEX F	6. COLOR OR RACE W	7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH 1-17-1880	9. AGE last birthday 70 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) New York City	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Faltot		14. MOTHER'S MAIDEN NAME Melanie Vibert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs Howard E. Yule, Bloomfield Hills Mich.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 wrk
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pt Neomplegia	
83a	(c) Arteriosclerosis	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 23, 1950, that I last saw the deceased alive on Feb 23, 1950, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Bosil	MD	Annapolis Md	2-25-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF 2-27-50	NAME OF CEMETERY OR CREMATORY Naval Academy	LOCATION (City, town, or county) Annapolis	(State) Md
DATE REC'D BY LOCAL REG. Feb. 27, 1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John M. Taylor Son	ADDRESS Annapolis Md	

+ VX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

01188

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South River Riva Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
STREET ADDRESS (If rural, give location) Riva, Post Office

3. NAME OF DECEASED (Type or Print) (First) Guy (Middle) C. (Last) Cosway
4. DATE OF DEATH (Month) 2-23-50 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11-28-1902
9. AGE last birthday 47 yrs. If under 1 year Months 2 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles ~~Unknown~~ Reginald Cosway
14. MOTHER'S MAIDEN NAME Helen ~~Holaday~~ Holliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm Cook, Inc. Funeral Home, Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823.5 Immediate cause (a) Accidental Drowning

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) South River Riva Bridge (CITY OR TOWN) Riva (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-22-50 7:45pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car went through the guard rail of Riva Bridge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md. DATE SIGNED 2-23-50

23. FOR AL CREMATION REMOVAL (Specify) Removal
DATE THEREOF 2-23-50
NAME OF CEMETERY OR CREMATORY Loudon ~~to~~ Park
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Feb. 23, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS Baltimore, Maryland

156-80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 24 1950
BUREAU V. S.

Evidence for addition of #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

01189

CERTIFICATE OF DEATH

FILM No. G 12 MAR 30 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; STREET ADDRESS (If rural, give location) Edgewater Post Office

3. NAME OF DECEASED (Type or Print): (First) MELVIN (Middle) HARRY (Last) COULTER III

4. DATE OF DEATH: (Month) February (Day) 27, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: May 8, 1949

9. AGE last birthday: yrs. If under 1 year: Months 9, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Edgewater, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MELVIN HARRY COULTER II

14. MOTHER'S MAIDEN NAME: Betty D. Busser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

525
109

Immediate cause (a) Interstitial pneumonitis (3/29/50 akc)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. J. McClafferty M.D. 700 Fleet Street, Baltimore 2, Md. Feb. 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-1-50 | NAME OF CEMETERY OR CREMATORY: All Hallows | LOCATION (City, town, or county) (State): Birdsville, A.A. Md.

DATE REC'D BY LOCAL REG.: March 1, 1950 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: B. L. Hopkins & Son | ADDRESS: Annapolis

4-0-5-08-9-20-2-35-X

RECEIVED
MAR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01190

Reg. Dist. No. 20

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galesville | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Elmira (Last) Dixon

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 1872

9. AGE last birthday: 78 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm. T. Featherbury

14. MOTHER'S MAIDEN NAME: Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Lewall Dixon Galesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic cardiovascular disease — Interval Between Onset and Death: 10-15 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2/20, 1950, and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE: J. Borrough M.D. (Degree or title) | ADDRESS: Annapolis Md | DATE SIGNED: 2/21/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: Burial | DATE: Feb 22 1950 | NAME OF CEMETERY OR CREMATORY: Quaker Cem. | LOCATION (City, town, or county): Galesville | (State): Md

DATE REC'D BY LOCAL REG.: 2/22/50 | REGISTRAR'S SIGNATURE: T. M. Clayton Deputy Reg | 24. FUNERAL DIRECTOR: E. A. Hardesty & Son | ADDRESS: Galesville

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 24 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01191

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Annapolis A.A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Pleasant St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Annapolis COUNTY A.A MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Green (Last) Dorsey

4. DATE OF DEATH: (Month) 2 (Day) 26, (Year) 1950

5. SEX: F.

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-12-1907

9. AGE last birthday: 42 yrs. If under 1 year: Months 9 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Queenstown A.A., MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bernice Qween

14. MOTHER'S MAIDEN NAME: Alice Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. Edward Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

442
1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Renal Vascular Disease 1 wk

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒X

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16/50, 19....., to 2/26/50, 19....., that I last saw the deceased alive on 2/28/50, 19....., and that death occurred at 8:10A m., from the causes and on the date stated above.

SIGNATURE Gordon H. Johnson (Degree or title) ADDRESS 40 Northwest Street DATE SIGNED 2/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF March 1, 1950 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town, or county) Annapolis (State) A.A. MD.

DATE REC'D BY LOCAL REG. Feb. 28, 1950 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR William Reese II ADDRESS 108 Washington St. Annapolis, MD, AA

LVX79

RECEIVED
1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01192

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place): 4 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hosptial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva Nr Annapolis, Md.; STREET ADDRESS (If rural, give location): Silvan Shores

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) K (Last) DUNN

4. DATE OF DEATH: (Month) (Day) (Year): 2- 12- 50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 8, 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. 4 Days 4 If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carroll Hickman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. Benjamin R. Dunn HUSBAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral hemorrhage — Interval Between Onset and Death: 22 yrs

181

Antecedent cause(s)

52b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cancer of bladder with metastases disseminated

(c) emaciation due to gastric ca

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4th, 1950, to Feb. 12, 1950, that I last saw the deceased alive on Feb 12th, 1950, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edith Rodler M.D. ADDRESS: 42 State Circle Annapolis, Md DATE SIGNED: 2-15-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2-15-50 | NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery | LOCATION (City, town, or county) (State): Glen Burnie, Maryland

DATE REC'D BY LOCAL REG.: Feb. 15, 1950 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: B.L. Hopping and Son | ADDRESS: Annapolis, Md.

RECEIVED
FEB 16 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01193

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundle County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS BENFIELD Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A-A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MILLERSVILLE P.O.
STREET ADDRESS (If rural, give location) BENFIELD ROAD

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) A (Last) FALTER
4. DATE OF DEATH (Month) Feb- (Day) 11- (Year) 1950

5. SEX MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH AUG. 8-1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) BALTIMORE - Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Geo. J. FALTER
14. MOTHER'S MAIDEN NAME MARY R. REITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Edw. FALTER - 1714 Moreland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Epileptic Convulsion	sudden
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio-sclerosis (General)	unknown
85	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had been a cripple since childhood

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Caffey M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md DATE SIGNED 2/11/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 2-14-1950
NAME OF CEMETERY OR CREMATORY New Cathedral Cem
LOCATION (City, town, or county) (State) Balto-Frederick Ave - Md

DATE REC'D BY LOCAL REG. Feb. 13, 1950
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Thos. J. Kenny Inc. 1600 Hollins St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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CERTIFICATE OF DEATH

BIRTH NO. 01194

1. NAME OF DECEASED (Type or Print): Mae Francis Farley

2. DATE OF DEATH: Feb. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Anne Arundel
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 224 Bishop ave.
c. Length of stay in Baltimore: 26 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: a.a.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pumphrey
D. STREET ADDRESS (If rural, give location): 224 Bishop ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	C	W.	11-7-76	73	3	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. a.
13. FATHER'S NAME: Richard Gilsman
14. MOTHER'S MAIDEN NAME: Elyabeth Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Edna Mc Clure ADDRESS: 224 Bishop Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arterio-sclerotic Heart disease	?
	DUE TO	
420.0 ANTECEDENT CAUSES	(B)	
93.6 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 25, 1949, to Feb. 18, 1950, *that I last saw the deceased alive on* Feb. 18, 1950, *and that death occurred at* 10:3 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ronald B Lipsitch M. D.
23B. ADDRESS: 501 Cherry Hill Road
23C. DATE SIGNED: 2-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 2/22/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary cem.
24D. LOCATION (City, town, or county) (State): Brooklyn a. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: 2/21/50
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: Elroy S. Wilson ADDRESS: 1000 Brantley Ave

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

01195

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Balt.City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 1 mos. 2 wks.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): 28 E. Hughes Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Fennel			4. DATE OF DEATH (Month) 2/5/50 (Day) (Year) 19		
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: 2/5/05	9. AGE last birthday: 45 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer	10b. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Wilmington, N C.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Adolphus Fennel			14. MOTHER'S MAIDEN NAME: not known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT: Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General Paresis	known since
025 X Antecedent cause(s)		12/19/49
30b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19/49 19....., to 2/5/50, 19....., that I last saw the deceased alive on 2/5/50, 19....., and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jacob Morgenstern M.D.	Crownsville, Maryland	2/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/50	Mt Auburn St	Balto City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/50	A. W. Hedrick	D. L. Brown & Son	108 W Montgomery St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of #18 shwon on:

MARYLAND STATE DEPARTMENT OF HEALTH

01196

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 12 MAR 2 1950

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 Gotts Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 3 Gotts Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOTTIE		GRIFFIN	Feb. 19, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	C		about 1904	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		West River	yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Peele	Madoline (unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	212-18-4502	Edward Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
023X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Luetic Aortitis	
30d	(c) Chronic alcoholism (3-1-50 - ams)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. Earl L. Royer, Ass't. Medical Examiner per R S Fisher Chief Medical Examiner (Degree or title) ADDRESS: M.D. 700 Fleet St., Balto. 2, Md. DATE SIGNED: Feb. 20, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	Feb. 23/50	Mt Calvary	Arnold.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 23, 1950	[signature]	J. B. Johnson	Annapolis

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01197

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Galesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
STREET ADDRESS (If rural, give location) Galesville Road

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) F. (Last) GROSS
4. DATE OF DEATH (Month) Feby. (Day) 3 (Year) 1950

5. SEX M
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH About 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Wm L. Gross
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO.
17. INFORMANT Lee Gross 636 Newton Place N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Acute Dilatation of Heart — sudden

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardio-renal disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy, M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 2/3/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF Feb 5. 1950 NAME OF CEMETERY OR ~~CREMATORY~~ Dan'l Star Cem LOCATION (City, town, or county) West River Md. (State) Md.

DATE REC'D BY LOCAL REG. 2/4/50 REGISTRAR'S SIGNATURE M. Clayton Dep Fund Reg
24. FUNERAL DIRECTOR T. A. Hanchitz & Son ADDRESS Galesville Md.

34009

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 7 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01198

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Clay Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis; STREET ADDRESS (If rural give location) 119 Clay Street

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) (Last) Gross

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/6/1887

9. AGE last birthday: 62 yrs. If under 1 year: Months Days Hours; If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thomas McGowan

14. MOTHER'S MAIDEN NAME: Mary Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William H. Mc Gowan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

46f (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1949, to Feb 7th, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 3:55 A m., from the causes and on the date stated above.

SIGNATURE R. D. Richardson (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 2/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 2/12/1950; NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery; LOCATION (City, town, or county) (State) West St. Annapolis, Md.

DATE REC'D BY LOCAL REG. Feb. 10, 1950; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Mrs. Charles E. Hicks & Son- ADDRESS Northwest St

448-88

RECEIVED
FEB 13 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01193

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side P.O.; LENGTH OF STAY (In this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side P.O.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) (Last) HOLLAND

4. DATE OF DEATH: (Month) Feby (Day) 8 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jany. 27. 1911

9. AGE last birthday: 39 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West River, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL NEAL

14. MOTHER'S MAIDEN NAME: NINA Tydings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: X

17. INFORMANT: Samuel Neal

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration right side neck (deep) 982X

(c) Lacerations supra clavicular (deep. 167

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Shady Side (COUNTY): A.A. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feby 8, 1950 11:00 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Was Slashed with Sharp instrument

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE: John M Claffey (Degree or title) M.D. Deputy Medical Examiner, ADDRESS Annapolis Md DATE SIGNED 2/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Feb 11, 1950; NAME OF CEMETERY OR CREMATORY: Davis Star Gem; LOCATION (City, town, or county) (State): West River Md

DATE REC'D BY LOCAL REG. 2/11/50; REGISTRAR'S SIGNATURE: M.R. Clayton Dep Asst Reg

24. FUNERAL DIRECTOR: J.A. Hardesty for ADDRESS Galesville Md

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01200

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. Af5

1. PLACE OF DEATH: COUNTY Anne Arundel | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood- | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. | COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1849 Lamont St. N.W.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) LLOYD WEST HEREFORD (Last) HOLLIS

4. DATE OF DEATH: (Month) Feb. (Day) 1, (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: May 30, 1890 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months 8, Days 2 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Prince Geo. Co., Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard West | 14. MOTHER'S MAIDEN NAME: Mitchell-Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs. A.A. Claggett - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

153 X Immediate cause (a) carcinoma of colon

Antecedent cause(s)

46 2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 29, 1949 | 19b. MAJOR FINDINGS OF OPERATION: carcinoma colon with extensive metastases | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 19 49, to Feb. 1, 19 50, that I last saw the deceased alive on Jan 31, 19 50, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emil H. Wilem	M.D	Lothian, Md.	2-1-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 3/50	Trinity Cem.	Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/1/50	W.M. Clayton Deputy Reg.	Martin W. Hysong Co.	Washington, DC (1300 - N St. N.W.)

52086

RECEIVED
FEB 3 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01201

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G Meade
LENGTH OF STAY (in this place): 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ~~Anne Arundel~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Ft Geo G Meade~~ Balto.
STREET ADDRESS (If rural, give location): ~~Station Hospital~~ 825 Clintwood Ct

3. NAME OF DECEASED (Type or Print): (First) ~~Baby boy~~ Charles (Middle) (Last) HORRELL JR.

4. DATE OF DEATH: (Month) February (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 26 Feb 50

9. AGE last birthday: ___ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 1 Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Ft Geo G Meade Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Horrell

14. MOTHER'S MAIDEN NAME: Doris Mae Craft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mrs Doris Horrell, 825 Clintwood Court, Baltimore 25, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fetal atelectasis — Interval between onset and death:

7625 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Feb, 1950, to 27 Feb, 1950, that I last saw the deceased alive on 27 Feb, 1950, and that death occurred at 0130 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank J Shannon M.D. ADDRESS: Sta Hosp Ft Geo G Meade Md DATE SIGNED: 27 Feb 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 27 Feb 50 — NAME OF CEMETERY OR CREMATORY: St Peters — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 27 Feb 50 — REGISTRAR'S SIGNATURE: James E Hayes — JAMES E HAYES Capt MSC

24. FUNERAL DIRECTOR: William Cook Inc, Baltimore Md — ADDRESS:

2-0-2-26-0-19-1-30-5

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01202

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Anne Arr.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) 716 McRose St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edgar	Lee	Howard	Feb.	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Wid.	7/14/876	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer (Ret)	Engineer	Virginia	U. S. A.

13. FATHER'S NAME: William H. Howard

14. MOTHER'S MAIDEN NAME: Mary E. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Edgar Lee Howard, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mesenteric Thrombosis	4 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary Heart Disease	6 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-29-, 1950, to 2-2-, 1950, that I last saw the deceased alive on 2-2-, 1950, and that death occurred at 5 55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James R. Martin	M.D.	Annapolis, Md.	2-2-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2-4-1950	Glenwood Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 3, 1950	W. V. Grunch	Ted S. Hines Co.	2901-14 16 St. N.W. Wash. D.C.

35699

VS. A15

RECEIVED
FEB 7 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01203

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Johnson Ave. (Spa Road)	STREET ADDRESS (If rural give location) 29 Johnosn Ave. (Spa Road)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Jennings			4. DATE OF DEATH (Month) 2/ (Day) 20 (Year) 1950		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12/ 10/ 1887	9. AGE last birthday 62 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Annapolis, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Fred Jennings		14. MOTHER'S MAIDEN NAME Margret Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Joseph Jennings			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

431x Immediate cause (a) Acute Myocarditis — 7 months

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis — 1 Year

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from August, 1949, to Feb 20, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 2:30 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 118 — Clay St. Bowie Md. 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-23-1950	NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery	LOCATION (City, town, or county) West St. Annapolis, Md (State)
DATE REC'D BY LOCAL REG. Feb. 23, 1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Mrs. Charles E. Hicks & Son	ADDRESS 45 Northwest St.

52086

FEB 24 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH 01204

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS 260 Church (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	RUSSELL	JONES	Feby.	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Negro	Married	12-28-20	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Grant Jones	Mary Hossey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	218-14-1830	Dorris Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 **Immediate cause** (a) Drowning

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office building, etc.) OF INJURY City Docks	(CITY OR TOWN) Annapolis	(COUNTY) A.A.	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Feby. 2, 1950 11:30 p m.		fell overboard

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☐, occident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Laffey M.D., Deputy Medical Examiner, Annapolis Md 2-3-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 6, 1950	St. Pauls	Westover, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 3, 1950	[signature]	Charles Ward	Marion Md

42056

VS. A15A

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01205

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundle Co. STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 511 Mc Mechen St. ✓

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) (Last) Jones

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 29, 1880

9. AGE last birthday: 70 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic work.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Jackson

14. MOTHER'S MAIDEN NAME: Mary Parago

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Bessie Nicholas 602 Pitcher St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrage — Interval between onset and death: 11 mon since

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Feb. 8, 1950

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1950, to 2-12, 1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Grat Lancaster M.D. | Crownsville, Maryland | 2/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb. 15, 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Auburn | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/14/50 | REGISTRAR'S SIGNATURE: R.W. Hedrick

24. FUNERAL DIRECTOR: Holland Funeral Home | ADDRESS: 1631 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

52056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01206

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Fort George G Meade
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred: Station Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ~~Anne Arundel~~ Baltimore

City or town: ~~Ft George G Meade~~ Dundalk
(If outside city or town limits, write RURAL and give nearest town)

Street No.: ~~Station Hospital~~ 2937 Cornwall Rd
(If rural, give LOCATION)

2.(a) If veteran, name war: -

3. (a) FULL NAME: Deborah Susan June

3. (b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6.(b) Name of husband or wife: -

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 26 February 1950

8. AGE: Years | Months | Days | If less than one day: 20 hrs. 25 min.

9. Birthplace: Sta Hosp Ft Geo G Meade Md
(Town, county, and state)

10. Usual occupation: -

11. Industry or business: -

FATHER
12. Name: Victor Alphonso June
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Magdaline Marie Johanneck
15. Birthplace: Minnesota

16. Informant: Mrs Magdaline June
Address: 2937 Cornwall Road, Dundalk, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 March 1950 (month) (day) (year)

Cemetery or crematory: Post Cemetery

Location: Fort G G Meade, Maryland

18. Funeral director: Timothy Andrysiak, Maj. Chap C
Address: Fort G G Meade, Md.

19. 1 March 1950 (Date rec'd by registrar) James E. Hayes JAMES E. HAYES, Capt., MSC Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 27 February 1950 at 1954 hrs

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26 Feb 1950 to 27 Feb 1950 and that I last saw her alive on 27 Feb 1950

Immediate cause of death: Cardiorespiratory collapse

Due to: Fetal atelectasis

Due to: Prematurity

Other conditions: 762.5 159 (Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Frank J. Shannon Jr. M.D. FRANK J. SHANNON JR. Capt., MC Man or other

Address: Ft Geo G Meade, Md Date signed 27 Feb 50

2-0-2-26-0-27-2-28-0

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1980

Evidence for addition of #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

01207

CERTIFICATE OF DEATH

FILM No. G 125 MAR 30 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5317 ~~5315~~ Brookwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbus
STREET ADDRESS (If rural, give location) 714 Kovel Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	DONA	KAY	KING	February	20,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	single	12-20-49	yrs.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Loshell King
14. MOTHER'S MAIDEN NAME: Berneida Marlowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Mr. & Mrs. L. King, (parents)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

5257 **Immediate cause** (a) Septicemia with interstitial pneumonitis (3/29/50 akc)

109 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R S Fisher	M.D	700 Fleet St., Baltimore, Md.	Feb. 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 21, 1950	Balto. U.S. National	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/21/50	C. W. Hedgepeth	James H. Lyons	4001 Ritchie Highway Brooklyn

9-X-M-20-9-00-X-99-X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01208

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 932 Francis

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural give location) 932 Francis St.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) W. (Last) Lee

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 2-19-1858

9. AGE last birthday: 91 yrs. | If under 1 year: Months 11 Days 23 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Shady Side A A Co Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John P. Lee

14. MOTHER'S MAIDEN NAME: Julia Woodfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Luther A. Lee Eastport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	48 hrs.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Cr. Nephritis	several yrs
	(c) Hard Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Age. Broncho Pneumonia

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ~~no~~ | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1949, to Feb 12, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 1:25 A m., from the causes and on the date stated above.

SIGNATURE J. Oliver Purvis (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 2/12/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 2-14-50 | NAME OF CEMETERY OR CREMATORY Woodfield | LOCATION (City, town, or county) Galesville A A Co (State) Md.

DATE REC'D BY LOCAL REG. Feb. 14, 1950 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John W. Taylor Son ADDRESS Annapolis Md

98899

RECEIVED
FEB 15 1950
BUREAU V. S.

Dr. Anderson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01289

CERTIFICATE OF DEATH

Reg. Dist. No. 20.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Davidsonville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural Davidsonville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Davidsonville
STREET ADDRESS (If rural, give location): Rural Davidsonville

3. NAME OF DECEASED (Type or Print): (First) VIDIE (Middle) E (Last) LEITCH
4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 29, 1873
9. AGE last birthday: 76 yrs. — If under 1 year: Months 4, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Childs
14. MOTHER'S MAIDEN NAME: Vidie E. Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): none
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs Loree Basil Daughter Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dilatation of the Heart — Immediate

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.1 932

(b) Arterio-sclerotic-Cardio-Vascular — 1 yr.

(c) disease

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 19 50, to Feb 19, 19 50, that I last saw the deceased alive on Feb 19, 19 50, and that death occurred at 4:40 m., from the causes and on the date stated above.

SIGNATURE: Albert H. Anderson (Degree or title): M.D. ADDRESS: Annapolis, Md DATE SIGNED: 2/19/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb 22, 50 | NAME OF CEMETERY OR CREMATORY: Davidsonville Methodist | LOCATION (City, town, or county) (State): Davidsonville, Maryland

DATE REC'D BY LOCAL REG.: Feb. 21, | REGISTRAR'S SIGNATURE: Carrie Smith

24. FUNERAL DIRECTOR: Ben L. Hopping and Son | ADDRESS: Annapolis, Md.

RECEIVED
MAR 1 1950
BUREAU V. S.

01210

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) about an hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold R.F.D.
STREET ADDRESS (If rural, give location) Creston Park

3. NAME OF DECEASED (Type or Print): (First) SUSIE (Middle) A (Last) LEWIS

4. DATE OF DEATH: (Month) Feby (Day) 16 (Year) 1950

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 19 1922

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Woodstock Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David L. Jenkins

14. MOTHER'S MAIDEN NAME: Julia McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Harvey Jenkins 3630 Pain St Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
173	Immediate cause	(a) Sub-dural hemorrhage left side brain	about 3 days
48b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic chorio-epithelioma from uterus	3 months
		(c) metastasis to lungs + brain	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Cathey M.D. Deputy Medical Examiner Annapolis Md 2/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 20 '50
NAME OF CEMETERY OR CREMATORY: Glen Haven
LOCATION (City, town, or county) (State): Glen Burnie A.A.Co. Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Thomas W. Singleton ADDRESS: Glen Burnie Md.

Recd in Annapolis 2/21

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01211

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SEVERN
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: QUEENSTOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SEVERN
STREET ADDRESS (If rural, give location): QUEENSTOWN ROAD

3. NAME OF DECEASED (Type or Print): (First) EDD (Edward) (Middle) J. (Last) LINDSEY

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 9/17/1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ft. Meade, Md.

11. BIRTHPLACE (State or foreign country): Mecklenburg County, N.C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mack Lindsey

14. MOTHER'S MAIDEN NAME: Viney Rutledge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If year, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 217-16-3254

17. INFORMANT AND ADDRESS: Laura Johnson - Severn, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage, Paralysis

Antecedent cause(s) (b) Hypertention

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

331K
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 15, 1948, to Feb 7, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Woolridge Elkridge 77 Md Feb 8 1950

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: Feb 10, 1950 | NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL | LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG. 2/9/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR AND ADDRESS: THE CHARLES R. LAW MORTUARY, 802-04 MADISON AVENUE, BALTIMORE 1, MD.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01212

CERTIFICATE OF DEATH

BC

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 28 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle)	(Last) Moore	4. DATE OF DEATH	(Month) 2	(Day) 12	(Year) 1950
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1885	9. AGE last birthday 65 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Arteriosclerosis	5/4/44
334x Antecedent cause(s)		Known to us
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Schizophrenia	since adm.
	(c)	1/4/22

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1941, to 2/12/, 1950, that I last saw the deceased alive on 2/12/, 1950, and that death occurred at 8:30A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Arrangeston M.D.		Crownsville, Maryland	2/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/20/50	NAME OF CEMETERY OR CREMATORY Mt. Auburn	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 2/20/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Geo. G. Kelson	ADDRESS 1303 Presstman St.

JS

XVX99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01213

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Medford	Neal	2	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	10/1904	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Adam Brown
14. MOTHER'S MAIDEN NAME: Mary Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - -
(If year, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mesaortitis Luetica

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - - -	- - - - - -

BUREAU V. S.
FEB 23 1960

Dr. Basil

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01214

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 309 West St.

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) T (Last) PARKINSON

4. DATE OF DEATH: (Month) 2 - (Day) 25-50 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 22, 1908

9. AGE last birthday: 41 yrs. — If under 1 year: Months 5, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat ctr

10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery Store

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Parkinson

14. MOTHER'S MAIDEN NAME: Anna Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-22-1460

17. INFORMANT AND ADDRESS: Mrs Evelyn Parkinson 309 West St. (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis with Acute	1 week
444 Antecedent cause(s)	Dilatation	
130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Intestinal Nephritis — unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.24, 1950, to 2.25, 1950, that I last saw the deceased alive on 2.25, 1950, and that death occurred at 7.47 m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
George C Basil | M D. | Annapolis Md | 2.25.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2-27-50 | NAME OF CEMETERY OR CREMATORY: CEDAR BLUFF | LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Feb. 27, 1950 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: B.L. Hopping and Son Annapolis, Md.

15661

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01215

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel Co
City or town: Gibson Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Same County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME
SALLIE FLORIDA REDMOND

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William H Redmond
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1858 Oct 9

8. AGE: Years: 91 Months: 4 Days: If less than one day: hrs. min.

9. Birthplace: Linden Va
(Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business

FATHER
12. Name: Asa Bailey Hall
13. Birthplace: Lindley Va

MOTHER
14. Maiden name: Fanny Ridgway
15. Birthplace: Linden N Va

16. Informant: Jennie P Collins
Address: Gibson Island Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/12/50. (month) (day) (year)
Cemetery or crematory: Ivy Hill
Location: Laurel Md

18. Funeral director: De Witt Donaldson
Address: Main St. Laurel Md

19. 2/10 1950 (Date rec'd by registrar) L Donaldson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 9 1950, at 11:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1950, to Feb. 9 1950
and that I last saw her ALIVE on Feb. 8 1950

Immediate cause of death	DURATION
Heart failure	
Due to: Hypertensive Cardio Vascular Renal Disease	1 year
Due to: Arteriosclerosis	
Other conditions: 443 x 938	

(Includes pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J Bradley Smith M.D.
M. D. or other
Address: Riviera Beach Md. Date signed 2/10/50

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01216

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harundale
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1503 Jupp Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harundale
STREET ADDRESS (If rural, give location): 1503 Jupp Rd.

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Annabell (Last) Reed

4. DATE OF DEATH: (Month) Feb. (Day) 5, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 22, 1849

9. AGE last birthday: 100 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. J. Rohleder

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. George W. Reed 226 Northway,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
051	Immediate cause	(a) Bronchopneumonia	7 days
115b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic pneumonia	2 days
		(c) Debility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 49, to Feb, 19 50, that I last saw the deceased alive on Feb 4, 19 50, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.W. Richard MD ADDRESS: Pen Burnie Md DATE SIGNED: Feb 5, 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 2/8/50 NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 2/7/50 REGISTRAR'S SIGNATURE: A. W. Hubrich

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

01217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

County: A. A. Co.

City or town: Eastport
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 16 Severn Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A. A. Co.

City or town: Eastport
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 16 Severn Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Ethel E. Riddle.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Charles Riddle

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Aug. 27, 1879

8. AGE: Years	Months	Days	If less than one day
70	6		... hrs. ... min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual occupation: H.W.

11. Industry or business: OWN HOME

FATHER
12. Name: Martin League
13. Birthplace: Unknown

MOTHER
14. Maiden name: Louisa Wells
15. Birthplace: Unknown

16. Informant: Mrs. Elmer Henneberger
Address: 16 Severn Ave. Eastport, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 3/2/50 (month) (day) (year)

Cemetery or crematory: Western

Location: Edmondson Ave. & Longwood St. Balto. Md.

18. Funeral director: Harry H. Nitzke

Address: 4101 Edmondson Ave.

19. 3/1 1950
(Date rec'd by registrar)

R.W. Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 27 1950, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1948, to Feb. 27 1950 and that I last saw h CR alive on Feb. 27 1950

Immediate cause of death	DURATION
Cerebral Hemorrhage	15 HRS.
Due to Hypertensive Cardio Vascular Disease	5 YRS
Due to	
Other conditions	

443
93d
(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: E. Rowe Knight
M. D. or other

Address: Eastport, Md. Date signed: 2/27/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01218

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: ANNE ARUNDEL
City or town: ~~Crownsville~~ SUNSET BEACH.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD County: A.A.
City or town: SUNSET BEACH.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: HOMELAND RD.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: ELIZABETH M ROCKEFELLER

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	WIDOWED

6.(b) Name of husband or wife: HIRAM ROCKEFELLER
6.(c) If alive, give age: D years

7. Birth date of deceased (mo., day, yr.): DEC. 21, 1878

8. AGE: Years	Months	Days	If less than one day
71			....hrs. ....min.

9. Birthplace: POLK CITY, N.Y.
(Town, county, and state)
10. Usual occupation: HOUSEWIFE.
11. Industry or business: "

FATHER
12. Name: JOHN PETSEL
13. Birthplace: —

MOTHER
14. Maiden name: EMMA PAGLEY
15. Birthplace: —

16. Informant: HAROLD E. AIKEN
Address: SUNSET BEACH. MD

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: 2/20/50 (month) (day) (year)
Cemetery or crematory:
Location: RED HOOK, N.Y.
18. Funeral director: JOHN F. DENNY, INC.
Address: 715 LIGHT ST -30

19. 2-18 19 50 (Date rec'd by registrar) C.W. Hedrick pw Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 17 19 50, at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 48, to Feb. 17 19 50
and that I last saw her alive on Feb. 15 19 50

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Arteriosclerotic Cardio Vascular Disease	10 years
Due to Hypertensive Cardio Vascular Disease	10 years
Other conditions	

430.1
93d
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ..... Injured at work?

23. SIGNATURE: J. Brady Smith M.D.
M. D. or other
Address: RIVIERA BEACH, MD Date signed: 2/17/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01219

CERTIFICATE OF DEATH

Reg. Dist. No. 2 2

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (In this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): Old Annapolis Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Juliana		Rose	2	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Dec. 24, 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	Own Home	Austria	AUSTRIA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Trenka	Frances Potzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Michael Trenka, Old Annapolis Blvd Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (e) Coronary Thrombosis

420.1 93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Dis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-18, 1950, to 2-25, 1950, that I last saw the deceased alive on 2-25, 1950 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles R. MacDonald		7 Central Ave, Glen Burnie, Md	2-28-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 2, 1950	Cedar Hill	Brooklyn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28	L. P. DeAlba	Thomas W. Singleton,	Glen Burnie, Md.

VS. A15

RECEIVED
MAR 6 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01220

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 801 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 801 West Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Rudd

4. DATE OF DEATH: (Month) Feb. (Day) 14, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 19, 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months 7 — If under 24 hrs.: Days 15, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: SHIPPING

11. BIRTHPLACE (State or foreign country): Strausburg, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Rudd

14. MOTHER'S MAIDEN NAME: Sarah Balthis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Hallie L. Rudd — Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis +	3 wks
420.1 Antecedent cause(s)	Coronary Insufficiency	
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerosis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1950, to Feb 14, 1950, that I last saw the deceased alive on Feb 14, 1950, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE: George C Bond (Degree or title) MD — ADDRESS: Annapolis Md — DATE SIGNED: 2-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-16-50 — NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery — LOCATION (City, town, or county) (State): Berryville, Va.

DATE REC'D BY LOCAL REG.: Feb. 16, 1950 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

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RECEIVED
FEB 17 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01221 21

1. PLACE OF DEATH:

County: A. A.

City or town: Solley
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: A.A.

City or town: Solley
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Solley, Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: CAROLINA SEIDEL

3.(b) Social Security Number

4. Sex: F.

5. Color or race: W

6.(a) Single, married, widowed, or divorced: W

6.(b) Name of husband or wife: John

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 6/20/1870

8. AGE: Years: 79 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home.

FATHER
12. Name: —
13. Birthplace: —

MOTHER
14. Maiden name: —
15. Birthplace: —

16. Informant: Family

Address: Same.

17. B. (Burial, cremation, or removal. Which?) Date thereof: 3-4-50 (month) (day) (year)

Cemetery or crematory: Holy Cross

Location: Balto. Md.

18. Funeral director: James L. McCarthy

Address: 130 S. Fourth St.

19. 3/1 1950 (Date rec'd by registrar) A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28 1950, at 1:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948, to Feb. 28 1950 and that I last saw her alive on Feb. 26 1950

Immediate cause of death	DURATION
Heart Failure	
Due to Hypertensive Cardio Vascular Disease	5 years
Due to Arteriosclerotic Cardio-Vascular Disease	10 years
Other conditions	

443
93d (Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: J. Brady Smith, M.D. M. D. or other

Address: RIVIERA BEACH, MD. Date signed: 2/28/50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01222

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harwood | LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: a a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harwood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Georg (Middle) Andrew (Last) Sharps

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov 1 1896 1896

9. AGE last birthday: 53 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Lothian Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Sharps

14. MOTHER'S MAIDEN NAME: Louise Moulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Lottie Sharps, Harwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage.

331 X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis and hypertension

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 49, to Feb. 18, 19 50, that I last saw the deceased alive on Feb 18, 19 50, and that death occurred at 1.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emily H. Wilson, M.D. — ADDRESS: Lothian, Md. — DATE SIGNED: 2-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 20, 1950 — NAME OF CEMETERY OR CREMATORY: Mures — LOCATION (City, town, or county) (State): Drury Md

DATE REC'D BY LOCAL REG. 2/20/50 — REGISTRAR'S SIGNATURE: W. T. Clayton Deputy Reg

24. FUNERAL DIRECTOR — ADDRESS: T A Hardesty & Son Odenton Md.

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FEB 27 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01223

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) two mos. 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balt. City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) not known ✓

3. NAME OF DECEASED (Type or Print): (First) Henry; (Middle) William; (Last) Simmons

4. DATE OF DEATH: (Month) 2/9/50; (Day); (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: about 1899 not known

9. AGE last birthday: 50(?) yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Kingston, N C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ****** (If yes, give war or dates of service) **********

16. SOCIAL SECURITY NO. ******

17. INFORMANT: not known

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Paresis	known since 11/15/49
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ********** 19b. MAJOR FINDINGS OF OPERATION **********

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ******; PLACE (Home, farm, factory, street, office bldg., etc.) OR INJURY ****; (CITY OR TOWN) ********; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ****** m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? *****

22. I hereby certify that I attended the deceased from 11/15/49, 19....., to 2/9/50, 19....., that I last saw the deceased alive on 2/9/50, 19....., and that death occurred at 12:10P.M. m., from the causes and on the date stated above.

SIGNATURE Jacob Manchester M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 2/9/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 2/20/50; NAME OF CEMETERY OR ~~CREMATORY~~ Hospital; LOCATION (City, town, or County) Crownsville Md (State)

DATE REC'D BY LOCAL REG. 2/21/50; REGISTRAR'S SIGNATURE E. F. Joyce L.R.

24. FUNERAL DIRECTOR Supt Hospital, Crownsville, Md. ADDRESS

BUREAU V. S.
FEB 23 1960
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01224

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Crain Highway - 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville; STREET ADDRESS (If rural, give location) Crain Highway 301

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELLEN	STINCHCOMB	Feb.	21,	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	married	Sept. 13, 1866	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wood	Mary Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Mr. Nathan F. Stinchcomb Millersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Cardio-renal Vascular Disease	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310	(b) Arterio-Sclerosis	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 49, to Feb. 21, 19 50, that I last saw the deceased alive on Feb 21, 19 50, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. L. Ball Jr. M.D.		Linthicum Md.	2/21/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/24/50	Stinchcomb Burial Grounds	Millersville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/24/50	A. W. Hedgecock	WM. J. TICKNER & SONS	Balto., Md.

01225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 Sixth Street	STREET ADDRESS (If rural give location) 322 Sixth Street

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) Paul (Last) Thiele			4. DATE OF DEATH (Month) 2 (Day) 2 (Year) 1950		
5. SEX Male	6. COLOR OR RACE White	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH 11-22-1878	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Oswald Thiele		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-26-8916	17. INFORMANT Mrs. Louise Thiele			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a) Central Hemorrhage	1-25-50
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pt. Hemiplegia	1-25-50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1950, to 2-2, 1950, that I last saw the deceased alive on 2-2, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Basil	M.D.	Annapolis Md	2-5-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF 2-6-1950	NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. Feb. 5, 1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John M. Taylor & Son	ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1950
BUREAU U. S.

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Unidentified

2. DATE OF DEATH: Feb. 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found drowned at Brandon Shores A.A. Co. Md

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Unknown
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
D. STREET ADDRESS (If rural, give location)

01220

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
W	M			55 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS: Unknown

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Drowning (Found drowned)	
	DUE TO	
929.8 ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
183	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): River

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Found drowned at Brandon Shores

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found Feb. 6, 1950 4:30 Pm.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? A.A. Co, Md Found drowned

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

23A. SIGNATURE: Carl H Koger M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒x MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: Feb. 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State): MAR 7 1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR — ADDRESS

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

01227

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: A. A. | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn | LENGTH OF STAY (in this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Severn P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. | COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville
STREET ADDRESS (If rural, give location): Crain Hyway

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Bernard (Last) Upton

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Oct 7 1882

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): A.A. County Md.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Upton

14. MOTHER'S MAIDEN NAME: Eliza Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Beatrice Upton - Severn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Disease — Interval Between Onset and Death: 10 days.

422.1

Antecedent cause(s)

932

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 5 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1950, to Feb. 14, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Chas. L. Ball Jr MD Linthicum 2/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: FEB. 14, 1950 | NAME OF CEMETERY OR CREMATORY: GLEN HAVEN | LOCATION (City, town, or county) (State): GLEN BURNIE, MD.

DATE REC'D BY LOCAL REG. 2/15 | REGISTRAR'S SIGNATURE: L. J. DeAlba | **24. FUNERAL DIRECTOR** | ADDRESS: Thomas W. Singleton, Glen Burnie, Md.

0001V

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01228

Not CC

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 5 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS = Bartersville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2817 - Raynor Ave.

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Jane (Last) Young.

4. DATE OF DEATH (Month) February (Day) 23 (Year) 1950

5. SEX Female.
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Jan. 8, 1928
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Virgil Young.
14. MOTHER'S MAIDEN NAME Bessie Cox.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT Virgil Young (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) "Status Epilepticus." — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

353.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

85

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Pouter, M.D. (Degree or title) assistant deputy medical examiner ADDRESS Glen Burnie, Md DATE SIGNED 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/27/50
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) (State) Savage, Maryland

DATE REC'D BY LOCAL REG. Feb 24, 1950
REGISTRAR'S SIGNATURE Clara Hashup
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

XVX99

RECEIVED
DEC 1 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01229

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address (where death occurred): Riviera Beach
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)
Street No.: Riviera Beach (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: MARY CATHERINE ZERHUSEN

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 3-1874

8. AGE: Years: 75 Months: Days: If less than one day: hrs. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: at home

11. Industry or business:

12. FATHER — Name: Henry Zerhusen

13. FATHER — Birthplace: Germany

14. MOTHER — Maiden name: Catherine Stretz

15. MOTHER — Birthplace: Germany

16. Informant: Mr. Peter C. Zerhusen
Address: Riviera Beach 44C Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-14-50 (month) (day) (year)
Cemetery or crematory: Holy Redeemer
Location: Balto

18. Funeral director: L. J. Leek
Address: 5305 Harford Road

19. Feb. 13 1950 (Date rec'd by registrar) J. N. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 10 1950, at 9:15 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 1949 to Feb. 10 1950 and that I last saw h. alive on Feb. 7 1950

Immediate cause of death	DURATION
Heart Failure	
Due to: Degenerative Cardio Vascular Disease	10 years
Due to: Hypertensive Cardio Vascular Disease	16 years
Other conditions	

443 93d (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Brady Smith M.D. (M. D. or other)
Address: Riviera Beach, Md. Date signed: 2/10/50